

**FIRST THINGS FIRST***Ready for School. Set for Life.*

White Mountain Apache Tribe Regional Partnership Council		
Allocations and Funding Sources	SFY13	
FY Allocation	\$698,834	
Population Based Allocation	\$392,254	
Discretionary Allocation	\$217,933	
Other (FTF Fund balance addition)	\$88,647	
Carry Forward From Previous Year	\$552,126	
Total Regional Council Funds Available	\$1,250,960	
Strategies	Proposed Allotment	Board Approvals, 1/17-18, 2012 SFY13 Strategies and Amounts
Parent Outreach and Awareness	\$175,000	Approved
Family Support – Children with Special Needs	\$125,000	Approved
Native Language Enrichment	\$30,000	Not Submitted for Board Approval
Reach Out and Read	\$100,000	Approved
Quality First (Statewide)	\$49,693	Approved
Child Care Health Consultation (Statewide)	\$7,560	Approved
Scholarships TEACH (Statewide)	\$16,500	Approved
Quality First Child Care Scholarships (Statewide)	\$128,882	Approved
Scholarships non-TEACH	\$10,000	Approved
Oral Health	\$80,000	Approved
Community Awareness (FTF Directed)	\$30,000	Approved
Community Outreach (FTF Directed)	\$21,500	Not Submitted for Board Approval
Service Coordination	\$30,000	Approved
Statewide Evaluation (Statewide)	\$19,595	Approved
Proposed Allotment Total	\$823,730	
Approved Allotment Total	\$742,230	



WHITE MOUNTAIN APACHE TRIBE REGIONAL PARTNERSHIP COUNCIL

Regional Funding Plan Three Year Strategic Direction SFY 2013-2015

WHITE MOUNTAIN APACHE TRIBE REGIONAL PARTNERSHIP COUNCIL

**Regional Funding Plan
Three Year Strategic Direction
SFY 2013-2015**

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Section I.

Regional Allocation Summary

Funds Available State Fiscal Years (SFY) 2012- 2015

White Mountain Apache Regional Partnership Council

Allocations and Funding Sources	2012	2013	2014	2015
FY Allocation	\$692,064	\$698,834	\$700,231	\$702,857
Population Based Allocation	\$402,545	\$392,254	<i>(fy14 and fy15 allocations are estimates only, for purposes of planning)</i>	
Discretionary Allocation	\$224,269	\$217,933		
Other (FTF Fund balance addition)	\$65,250	\$88,647	\$700,231	\$702,857
Carry Forward From Previous	\$581,202	\$552,126	\$427,230	\$288,731
Total Regional Council Funds	\$1,273,266	\$1,250,960	\$1,127,461	\$991,588

Section II.

Review of SFY 2012 Funding Plan

II A. SFY 2012 Regional Partnership Council Priorities

At the core of the strategic vision for the White Mountain Apache Tribe Regional Partnership Council was the belief that parents are the primary key to their child's success. Unless parents had the skills, information and support they needed to support their child's optimal development and health, their children would not reach their fullest potential. All of the strategies within the Regional Funding Plan had a primary emphasis on providing supports to families of young children. By equipping parents and caregivers, they would be better able to access existing services to advocate for their child when additional services and resources were needed.

In order to have a systemic impact, strategies needed to provide services to a sufficient number of children and their families. The target service numbers for SFY 2012 helped to create this system impact. Of important note is the Family Support- Children with Special Needs strategy, this strategy reached almost 100% of its target population. In addition, the Community Awareness and Community Outreach strategies have allowed the Regional Partnership Council to have a far-reaching message regarding the importance of early childhood development and health issues for a relatively small cost. More long-term systemic change came through the target service numbers for the Parent Education, Community-based Training, Oral Health, and Reach Out and Read strategies. While it would have been ideal to provide these services to all children and their families, the realities around cost and the existing capacity within the Region to implement this work meant that these strategies took longer to reach their full potential. While this change took a longer term investment, the numbers targeted moved the Region toward systemic changes for children.

After nearly three years of program implementation, it has become clear to the Regional Partnership Council and community partners that there is an overall lack of integrated and coordinated services among and between early childhood service providers. This lack of coordination has led to decreased efficiency in utilizing resources and staff and increased duplication of services. By devoting resources to system coordination, the Regional Partnership Council hoped to build stronger relationships among service providers in order to streamline services, and to begin to share resources.

II B. SFY 2012 Strategies and Units of Service Review

White Mountain Apache Tribe Units of Service by Strategy		
Strategy Description	Fiscal Year 2012	
	Targeted Units	Contracted Units
Parent Education Community-Based Training Strategy		
Number of participating adults	99	1,090
Family Support – Children with Special Needs Strategy		
Number of families served	50	50
Community-based Literacy Strategy		
Number of books distributed	0	0
Number of children served	0	0
Number of participating adults	0	0
Reach Out and Read Strategy		
Number of books distributed	2,300	7,923
Number of participating practices	0	2
Quality First Child Care Scholarships Strategy		
Number of children receiving scholarships	33	29
Scholarships non-TEACH Strategy		
Number of professionals receiving scholarships	7	0
Scholarships TEACH Strategy		
Number of professionals receiving scholarships	7	0
Oral Health Strategy		
Number of children receiving oral health screenings	300	700
Number of fluoride varnishes applied	300	700
Number of participating adults	0	40
Number of participating professionals	0	0
Number of prenatal women receiving oral health screenings	0	0
Service Coordination Strategy		
No service units		
Community Awareness		
No service units		
Community Outreach		
No service units		
Media		
No service units		
Needs and Assets		
No service units		
Statewide Evaluation		
No service units		

Notes:

Parent Education Community-Based Training: The target service units and contracted service units are uniquely reported for this strategy due to duplicated data reporting of participants attending a series of sessions. The Regional Council intended to reach a total pool of 99 parents and family, friend and neighbor care providers. Because services are provided in a series of sessions, and a head-count is taken at each session, the number reported into evaluation results a duplicated count over time. To be consistent in the contracting process, contracted target service numbers were set based on the duplicated count, rather than on an individual basis.

II C. SFY 2012 Funding Summary Review

FY 2012 White Mountain Apache Tribe Regional Partnership Council Funding Plan Summary		
Allocations and Funding Sources	2012	
FY Allocation	\$692,064	
Population Based Allocation	\$402,545	
Discretionary Allocation	\$224,269	
Other (FTF Fund balance addition)	\$65,250	
Carry Forward From Previous Year	\$581,202	
Total Regional Council Funds Available	\$1,273,266	
Strategies	Allotted	Awarded
Parent Education Community-based Training	\$174,900	\$174,893
Family Support-Children with Special Needs	\$125,000	\$125,000
Community-based Literacy	\$1,635	
Reach Out and Read	\$98,365	\$98,365
Child Care Scholarships (Statewide)	\$97,000	\$97,000
Scholarships non-TEACH	\$15,400	
Scholarships TEACH	\$14,000	
Community Awareness (Statewide)(FTF Directed)	\$51,680	\$51,680
Community Outreach (Statewide) (FTF Directed)	\$30,000	\$30,000
Oral Health	\$63,565	\$63,565
Service Coordination	\$30,000	
2012 Evaluation	\$19,595	\$19,595
To Be Determined		
Total Allotted/Awarded/Expended:	\$721,140	\$660,098
Total Unallotted/Unawarded/Unexpended	\$552,126	\$61,042

II D. Review of Progress

The White Mountain Apache Regional Partnership Council has focused the array of strategies included in their current strategic plan on supporting parents to do the very best job that they can to raise their children into successful, healthy members of the community – to be ready for school and set for life. The most successful set of strategies are centered on giving parents the tools they need. Through the Parent Education Community-Based Training strategy, 58 parents and family care providers have had access to college level content centered on child development and parenting. Participants in one of the programs funded under this strategy, Apache Families First, had the opportunity to earn college course credit through Northland Pioneer College after successful completion of a series of classes. This opportunity prompted a few completers to continue work towards the completion of their CDA's, thereby increasing the quality of family, friend and neighbor care within the Region. A specific sub- population of fathers is being reached through the Nalwod Fathers' Project; this project is focused specifically on engaging fathers in their role as parents, and supporting their involvement in their children's lives. Engaging and retaining participants has been a challenge and the implementation of this particular program has been amended to better meet the capacity of fathers within the region to fully participate in the group sessions. The programmatic changes have resulted in a lower-than-expected number of participants.

The Family Support – Parent Coaching for Children with Special Needs (Parent Coaching) strategy has taken sometime to ramp up due to the lengthy process of securing all necessary approvals and signatures. There are 50 families targeted to be served in fiscal year 2012 and staff members are engaging families with children who have special needs but do not qualify for early intervention, Child Find, or preschool services. The Regional Council is committed to reaching this population of children and families and they will continue to support this strategy throughout the next strategic plan.

The existing service delivery network of Public Health Nursing staff conducting home visits within their work with the Indian Health Service Hospital has proven to be a wonderful vehicle for the successful implementation of the Family Support- Parent Coaching for Children with Special Needs strategy. Visiting nurses have already established relationships with families in the Region, some of whom have children with special needs, or who have recently delivered babies, are in a unique position to share new information and to provide support. This existing service delivery network has been a very effective way to ensure that The Arizona Parent Kit is going home with parents, and is being used and explored by new mothers, fathers, and other family members. Additionally, the partnership with this service network to distribute FTF Educational Reinforcement Items related to safe sleep practices, early literacy and writing skills, and children's book has been a very effective way to increase both the brand awareness of First Things First, as well as the understanding of the importance of early childhood health and development.

Early literacy awareness is woven throughout these strategies; from providing parents with the skills to read stories to their children, singing and oral story- telling, to sharing with parents that literacy skills begin at birth and they move along a developmental continuum that helps prepare a child for school. Supporting parents in a tangible way in this role is necessary. Many families do not have a collection of children's books in their home and they lack the resources to obtain them. While there are public libraries in the region, they are only open for limited hours and are not accessible for many families. The need to address this gap in resources has been a part of the Regional Council's strategic plan for the past 3 years, and it has only been in fiscal year 2011 that a Reach Out and Read program has been implemented within the region. The implementation of the Reach Out and Read program in this region includes a community based literacy component that is intended to reach parents in the community to provide them with children's books and early literacy skills. This project has been very slow to start due to the challenges in hiring staff and gaining access into community groups and programs. The Regional Council believes strongly in supporting early literacy skills and providing early literacy materials to parents, and intends to sustain this strategy over the next strategic plan to give the strategy the time it will need to gain community acceptance.

Ensuring that parents have access to quality child care, and that children have access to consistent child care, is a priority for this Regional Council. Quality First Child Care Scholarships have been in place within the region since 2009 and have provided a consistent source of financial support for at least 50 children. The implementation of the Quality First Child Care Scholarships in the White Mountain Apache Region includes required Parent Meetings each month that are centered on providing parents with child development, discipline, early literacy and other specific content area information and tools that they can use at home. Frequently, these Parent Meetings include “make and take” activities that parents can take home with them, or take the directions home with them, and recreate the activity with their children at home. Quality First has been in place as a state-wide funded program in this region, and there is one center participating. While there has been an opening for a home-based child care provider, no home-based programs have applied. Going forward, the Regional Council has chosen to add Quality First as a regionally funded strategy to continue the quality improvement work that is going on, as well as to provide access to the suite of supports within Quality First to other center- and home-based programs in the Region.

Of significant importance to successful outcomes for young children is the level of training and education that their care providers have related to early childhood development. There are increased requirements for the training and education levels of staff in Head Start Programs, programs supported through Child Care Development Funds (CCDF) and in school district programs. The Regional Council has responded to this need within the region by adding two scholarship models to their funding plan to support staff in completing their Child Development Associate Credential (CDA) and/or their 2-year associates’ degree in Early Childhood Education or related fields. If utilization of these strategies happens as planned, 14 early care and education staff will be able to attend college level courses that will move them toward the completion of either their CDA, or their 2-year associates’ degrees. The Regional Council recognizes that it will take time to support all needed staff toward these goals, and has planned to include these models and the necessary funding throughout the next strategic plan.

Supporting children’s improved oral health and oral health outcomes has also been identified as a priority within the region. Over the last quarter of Fiscal Year 2011 a contract was finalized and all needed approvals were obtained in order for work to begin. Through the Oral Health Strategy, 310 children received oral health screens, while only 99 received a fluoride varnish, confirming the need to continue this work within the region. In Fiscal Year 2012, 700 oral health screens and varnishes are contracted, and through quarter 1, 159 children have been served. Included in this strategy is oral health education for child care providers and parents; parents receive basic screening information when their child is screened in the form of a findings report detailing the results of the screen, instructions for the after-care of their child’s teeth following the fluoride varnish application, health and nutrition information and FTF fact sheets. Child care providers and staff receive a more formal presentation related to oral health the prevention of oral health disease through the use of a curriculum aimed at early care providers.

Across the region, programs and agencies continue to work mostly independently of each other, rather than in a coordinated manner. This has begun to change with the successful implementation of the Oral Health, Parent Coaching, Reach Out and Read and Community Awareness Strategies. During fiscal years 2010 and 2011, there was a regional Inter-Agency Meeting that was convened monthly that all FTF funded programs, the Regional Director on behalf of the Regional Council, Child Find, Head Start, the White Mountain Health Board, and other programs and agencies in the region attended to share program details, training schedules, and other items of interest to the group. The intent of this meeting was to raise awareness of the various programs and services that are already available, and to begin to find ways to effectively cross-refer families, coordinate programs, share populations of children and families, and reduce the amount of redundancy and potential duplication of service. When key staff left Child Find in the spring of 2011, this meeting was no longer convened. While the meetings have not continued, a level of coordination has been observed.

Head Start has incorporated presentations from the Oral Health Program, Reach Out and Read, TEACH Early Childhood Arizona, and various programs offered through the Whiteriver Indian Health Service Hospital and Navajo County Public Health into both their annual staff development program prior to the start of the school year as well as parent meeting nights, thereby reaching all Head Start teaching staff and the majority of Head Start parents. Child Find has tried a similar strategy by inviting FTF staff to present to their staff to provide information about funded programs available to staff to support professional development, as well as to share information with Child Find staff about programs, supports and services available for parents of young children.

Through the Public Health Nurse (PHN) program at Whiteriver Indian Health Services, both in Whiteriver and in Cibecue, mothers who have recently delivered babies are visited by a nurse in their homes to provide a social check on the family, the well-being of the newborn and mother, and to deliver information and resources to families. Through this outreach program, the Arizona Parent Kit is provided if the family did not receive one from the hospital, and if it was brought home, it is opened and explored with the family. Through reports to the Regional Council, almost all newly delivered mothers have a Kit, which provides confirmation that the Kits are being distributed through the both the Whiteriver Hospital and Summit Regional Medical Center. In Cibecue, when these visits are conducted, the PHN makes and delivers a “diaper cake” complete with a FTF onesie, board book, FTF refrigerator magnet, Help Line magnet, and other brochures, tips, and contact information for local programs and assistance. These visits are anticipated by new mothers and are often requested in person if they have not yet occurred, thereby ensuring that all newborns are identified and do not fall through the cracks. Partnerships with the Whiteriver Hospital are strong, and this will continue to be part of the foundation for a system of services for families and young children.

At the last Child Find in-service in the fall of 2011, staff from the Whiteriver Baby Face program, and a mother and grandmother of a young child, were invited to attend and have their questions answered. Based on questions received at this presentation, there continues to be a lack of understanding of what FTF is what we do, and what role we play on the Reservation. While partner agencies and programs understand and support the work of First Things First and are integrating FTF messages and values into their programs and interactions with families, continued work needs to be done to raise the overall awareness and understanding of FTF. The work of raising awareness of FTF and the political, financial, and social importance of early childhood will have a related effect on the coordination and alignment of services across sectors. This will be particularly true once more intentional networking can be done across the region, and more intentional relationships are built with key members of the community, programs, and agencies. There is a growing desire to partner with FTF, and if supported, this will result in a greater system building and connectivity of programs for families.

Section III.**Three Year Strategic Direction: SFY 2013-2015 Regional Funding Plan****III A. Overview**

For State Fiscal Years 2013 through 2015, the White Mountain Apache Tribe Regional Partnership Council has continued to focus their strategies on supporting parents to be the very best teachers and advocates for their children that they can be. This includes continuing the work to increase the quality, access and affordability of quality child care; promoting and supporting early literacy and language acquisition of both the English and Apache languages; and providing preventive and well-child health care information and supports to parents.

The oral health of the community in general is poor, with acute oral health visits being more frequent than preventive visits to the Whiteriver Indian Health Services Hospital. The poor oral health status of the community, combined with the very limited access to oral health on an acute basis and no availability of preventive oral health care at all are alarming, and are the focus of significant work for this regional council. As the oral health strategy has moved into implementation, there is an emerging recognition of the need to provide outreach, awareness and screening for the other domains of early childhood development, vision being a primary example. According to the most recent Head Start screenings, the number of children entering Head Start with undiagnosed vision problems is rising. There are a variety of programs that will come to the region to provide glasses for children who need them, but there is an emerging need to educate parents and providers on the importance of having their child's vision screened early so that vision can be corrected early on, thereby lessening the extent of delay at kindergarten entry. During this strategic planning cycle, the regional council wants to focus on providing information to parents and early care providers, as well as preventive screens (vision, hearing, oral, nutritional, etc.), so that the development of the whole-child can be supported.

Well-child care is provided by pediatricians at the Whiteriver Indian Health Services Hospital, and well-child checks are conducted with rigor. However, many parents do not know the signs and symptoms of vision or hearing problems in their child, and therefore do not report problems or concerns to their child's pediatrician for follow-up. From a systems building perspective, the amount of time available to devote to a well-child exam is minimal and the information provided by the child's parent is vital to the pediatricians understanding of the child. If parents do not bring developmental concerns that they have to their child's pediatrician, often there is minimal follow up that is done. In light of this, the regional council wants to support parent's understanding of behavioral and developmental cues that might signal a concern that needs to be brought to the attention of the pediatrician. With this added layer of parental competence and confidence, more children will be identified as needing to be screened during their well-child exam, which will lead to fewer newly diagnosed delays at kindergarten or Head Start entry. The oral health strategy is reaching many parents who otherwise would not have taken their child to the dentist (absent an acute injury or toothache), and may not have child-sized toothbrushes or toothpaste, or have much knowledge about good oral health habits. This strategy is also providing oral health education to early care providers, creating an additional layer of reinforcement for good oral health habits. The regional council would like to provide information related to developmental and behavioral cues that parents might recognize that would warrant further preventive screening, and conversation with the child's pediatrician. The regional council also wants to reach early care and education providers with this information, to reinforce parents' advocacy for their children.

School readiness is largely dependent on foundational literacy skills; this has been a focus over the past three years, and will continue to be a focus in the next strategic plan by continuing efforts to increase the

number and variety of books that young children have access to, as well as supporting acquisition and retention of the Apache language and heritage. The Reach out and Read program has recently been implemented in the Whiteriver and Cibecue Clinics. Through this strategy, children are receiving books at each well child visit, physicians are being trained in the model and on how to utilize a book with a young child to gain developmental information about the child, as well as gain a glimpse of the parent-child bond surrounding books and reading, and familiarity of reading. Community literacy events for parents and agency staff are beginning to be scheduled, but this will take some time to be accepted and utilized by the community. A White Mountain Apache tribal member has recently been hired on this project, and it is hoped that a greater sense of acceptance will soon follow.

The successful implementation of the strategies in State Fiscal Years 2013-15 will lead toward a more connected system of programs and supports for families as programs become established and relationships are built, particularly as parents begin to see consistent early childhood message in a variety of settings and programs.

Setting the Strategic Direction

Early literacy opportunities for young children are limited in this region, unless the child is enrolled in Head Start, attends Child Find play groups, or is attending one of the two child care centers in Whiteriver. Providing increased access to early literacy materials, books, information and resources is a significant need in the region. This has been a need for many years, and is being addressed in multiple ways across strategies. In the incoming class of kindergarteners in Cibecue, at least 20% had no print awareness and did not know the mechanics of a book (Whitesinger, Vice-Chair, White Mountain Apache Tribe Regional Partnership Council, Oct. 2011). There is a list of over 200 income eligible children for the Whiteriver Head Start program, and there are no services for these children (Riesop, White Mountain Apache Tribe Regional Partnership Council Member, Oct. 2011). There is significant concern about these children falling into the “gap” of no services - not receiving the services that they need and arriving in kindergarten delayed. Children who are on the wait list for Head Start are not routinely screened. There are wait lists for the Tribal Child Care Program, Chaghache, and for the ABC Day Care program at Alchesay High School, although they are smaller than for Head Start, they represent another group of children who are not routinely screened for developmental delays until they are enrolled (Kaytoggy, Member and Endfield, Chair, White Mountain Apache Tribe Regional Partnership Council, Oct. 2011). The tribally operated Child Find Program does host play groups for children who are identified as being “at risk” for developmental delay, but these play groups are not considered child care and they are not available to the general population. There are Whiteriver Unified School District Special Education programs, but they are only open to children who qualify for services, based on an established developmental delay. For very young children, the Baby Face Program is available and will provide home based services while children are infants and toddlers. Arizona Early Intervention Program services and therapies are required to be made available to qualifying children through their third birthday; however, if children do not qualify for early intervention, and are not determined to be “at risk”, there is very little else available in the region.

The Regional Council has combined several related needs that were identified in previous fiscal years into one broad statement that acknowledges the need to support whole-child wellness in accessing preventive health screens including oral health, vision, hearing, nutrition, obesity, and obtaining well-child visits in their full description. In the Whiteriver Head Start and Cibecue Community Schools, in the incoming class of new students this school year, over 80 students were newly screened with vision problems and needed corrective lenses in order to read and see well in school (Riesop and Whitesinger, White Mountain Apache Tribe Regional Partnership Council Members, Oct 2011). In 2008, the number of emergency room visits by children in the region exceeded the number of well-child visits by 300% (White Mountain Apache Tribe Needs and Assets Report, 2010). Additionally in 2008, 2.5% of the babies delivered in the region were born at a low-birth weight (White Mountain Apache Tribe Needs and Assets Report, 2010). Children who are

born at low-birth weights are at increased risk for developmental delays and poor health outcomes, further solidifying the need to focus efforts on supporting parents to access appropriate and timely well-child care. The Regional Council sees a need to increase the overall awareness and knowledge base of parents and early care providers as a whole. Through the Parent Outreach and Awareness strategy, the regional council will be able to reach the widest population of parents possible.

According to the 2010 Needs and Assets, there is a 51% unemployment rate in the region and the poverty rate for families with children under the age of five is 53.3%. In 2000, 40% of households with children under the age of 18 were headed by single females. Research indicates that the quality and consistency of child care that children receive is a critical factor in positive outcomes for children. One of the greatest predictors of positive outcomes for children is the amount of professional training and education that their care providers have in early childhood related content areas. While being able to afford the cost of consistent child care is a significant need in the region, based on the economic indicators reported above, supporting affordable access to quality care is a more effective way of achieving systemic and lasting positive outcomes for children. Quality First is included in this strategic plan to achieve this system goal, and it is hoped that the quality improvements that are achieved in one center or site will be emulated by other sites. The pool for Quality First has been expanded to afford other programs the opportunity to participate in the core elements of Quality First to help move this systemic change. Supporting the professional development of early care and education providers is part of this effort, and professional development scholarship models have been sustained as well with a large enough pool to reach staff from many, if not all, early childhood programs in the region.

Parents who have children with a special need, who do not qualify for Arizona Early Intervention Program (AzEIP) or for IDEA Part B services, have been identified as a target population for services and support over the next three years. This strategy provides home visits that focus on parent coaching and modeling, and will eventually provide group settings where parents can gain support from their peers in a facilitated setting. The core value of this strategy is to support parents with the tools they need to help their children reach their fullest potential, and the regional council remains committed to this work.

There continues to be a need to support the affordability of quality child care for parents who are living in poverty. The regional council understands this need is a community-wide need, and there are not enough funds to provide care to all children. Additionally, the regional council feels strongly that financial support for child care should be a supplement to the parent's ability to pay for the care for their child. There is a history of learned dependence within the community, and while the regional council recognizes the need to make consistent child care available to parents, they do not want parents to become dependent on these scholarships. Tying affordability to quality of care will necessarily limit the pool of programs who can access the scholarships to offer them to families, and over time the requirements for achieving quality in programs is expected to cause some natural attrition in the number of scholarships that can be offered.

Key informants for the 2010 White Mountain Apache Tribe Regional Partnership Council Needs and Assets Report indicated that most rural communities of the region receive very few family support services, and that awareness of FTF is low in those remote communities, most notably the communities of Cibecue and Carrizo. While significant work has been done to reach parents of newly delivered babies in Cibecue and Carrizo by the PHN Department within the Cibecue Indian Health Service and to ensure that they have access to the Arizona Parent Kit and are receiving information and resources through this venue, very few other programs reach these communities (Cindy Chism, PHN Department presentation to the White Mountain Apache Tribe Regional Partnership Council, Oct 2011). This presents an opportunity for greater expansion of funded programs into these communities, as well as an opportunity to partner on a broader scale with the PHN Department in Cibecue to bring additional resources and information into these communities.

Based on the data anecdotal information above, the Regional Council prioritized the following needs:

- Need to support and provide information to families with children birth to five years old
- Need to support parents with children who have a developmental delay but do not qualify for early intervention services
- Need for early literacy opportunities for young children and their families
- Need for child wellness, including: oral health, vision, hearing, nutrition, obesity, well child visits
- Need to increase affordability of quality child care for children from birth to age five
- Need for public awareness, support from public officials and collaborative community partnerships to strengthen the support of the early childhood development and health system

They will be addressed by focusing on the following school readiness indicators:

- Number and percent of children demonstrating school readiness at kindergarten entry in the developmental domains of: social-emotional, language and literacy, cognitive, and motor and physical.
- Percentage of children with newly identified developmental delays during the kindergarten year.
- Number and percent of children enrolled in an early care and education program with a Quality First rating of 3-5 stars
- Number and percent of children ages 2-5 at a healthy weight (Body Mass Index-BMI)
- Number and percent of children receiving timely well child visits
- Number and percent of children age 5 with untreated tooth decay

Strategic Approach to System Building

The White Mountain Apache Tribe Regional Partnership Council is positioning strategies to work in concert with each other to support parents in the primary role of being their child's first teacher. The foundation of healthy child development and school readiness begins at home, and begins with parents. Parents are their child's first teacher, their first example, and their primary advocate in life. The Parent Outreach and Awareness strategy will be implemented with a focus on providing parents with real, useful information about their child's development and when they need to be concerned and seek additional preventive screens. This will allow the regional council to begin to identify and build a network of the necessary resources for preventive screenings for families. This parent and provider education will be broad in nature, and will be targeted at parents who have placed their child on waitlists for early care and education programs in the community, but are not able to participate due to program capacity limits.

Children with identified developmental delays, or special health care needs, that qualify them for the Arizona Early Intervention Program (AzEIP) can receive services in the region, as well as children who have been developmentally screened and determined to be "at risk" for further developmental delay. The Family Support – Parent Coaching for Children with Special Needs strategy will target those children who have been screened for developmental delay but do not have a sufficient delay to qualify for AzEIP or Part B services, but who do have a delay and need support. Children involved in this strategy will be re-screened at intervals and will be re-referred if further delay is detected. By supporting parents' overall understanding of developmental milestones and warning signs and symptoms of potential delays in development, ideally more well-child exams will occur and more preventive screenings will be done to facilitate earlier medical, or developmental, intervention. As children are identified through well-child exams as potentially having a delay, they can now be referred to a wider variety of programs. Children who continue to participate in the Parent Coaching program will be supported in an appropriate transition into preschool, Head Start, or another appropriate program.

The Reach Out and Read strategy and the new Native Language Enrichment strategy will work together to support parents' early literacy and language efforts with their child, or children. The Apache language and heritage are fundamental elements of children's families. There are a handful of Apache elders who are fluent in the traditional old ways and ceremonies; however, many young parents do not speak the Apache language and are not fluent in the old ways, and fewer still are teaching it to their children. There is a concern that the Apache language and integral components of the Apache heritage may be lost if effort is not spent to retain it. Research suggests that young children who learn their home language first, and then learn the English language, have a better grasp of both languages by the time they enter kindergarten. This is a worthy goal, and one that the regional council intends to pursue. Within the Community Awareness Strategy, funds have specifically been identified for Scholastic books for children, and they are routinely distributed at community fairs, open houses, parent meetings, and other large community events that parents typically attend. Additionally, board books are included in the "diaper cakes" that are given to newly delivered mothers and fathers through the PHN Department. Parents whose children are enrolled in early care and education programs have the opportunity to order books through Scholastic that can be then be shipped to their child's class. Together, these strategies and opportunities for parents have the potential to reach nearly all children in the region with early literacy books and materials.

The above set of strategies will begin to form a family support system of services that will support parents with the information and tools they need to support their child's optimum development and improve their readiness for school. These strategies are built upon a network of relationships with existing programs and structures in the region, and are reliant on the continuation of those programs and their related funding streams. While there are no formal agreements in place to coordinate programs or services, the intent and the desire are there. These relationships need to be cultivated, explored, and solidified to move this system of programming forward.

Quality First is the foundational strategy to support and improve the quality of early care and education in the region, through coaching and mentoring, assessment and eventual rating, financial support through Quality First Child Care Scholarships, supported professional development of staff through T.E.A.C.H. Early Childhood Arizona scholarships, access to technical assistance and supports related to the inclusion, child care health consultation, and curriculum support. By expanding the target service number for Quality First participation, the tribal Head Start and Child Care Center will now be able to access the core package components and can begin to improve their overall program quality. The White Mountain Regional Partnership Council has chosen to expand funding for two of the components of the Quality First package: the T.E.A.C.H. Scholarships and Quality First Child Care Scholarships. Recognizing that the T.E.A.C.H. model does not meet the needs of all early care and education staff in the region, the Regional Council has also funded the Professional Career Pathways Project through their scholarships non-TEACH strategy. Inclusion of these two scholarship models will provide professional development supports to Head Start, Chaghache, home based child care providers, school district staff who are working with young children, as well as faith based program staff who are working with young children and need to obtain their CDA's or their 2-year Associate's degrees in early childhood.

Providing a support system for professional development across early care and education programs in the region will have the effect of moving the baseline quality of the system up, which will lead to more positive outcomes for children.

Section III B.**Strategic Plan for SFY 2013 – 2015****Regional Priorities, Selected FTF Indicators and Priority Roles, and Strategies to Achieve Outcomes**

Regional Priority to be addressed	School Readiness Indicators Correlated to the needs and priority roles	FTF Priority Roles in the Early Childhood System	SFY 2013-2015 Strategies
<p>Need support and information for families with children birth to five years old</p> <p>Need to support parents with children who have a developmental delay but do not qualify for early intervention services</p> <p>Need for early literacy opportunities for young children and their families</p> <p>Need for child wellness, including: oral health, vision, hearing, nutrition, obesity, well child visits</p> <p>Need to increase affordability of quality child care for children from birth to age five</p> <p>Need for public awareness, support from public officials and collaborative community partnerships to strengthen the support of the early childhood development and health system</p>	<p>#/% children demonstrating school readiness at kindergarten entry in the development domains of social-emotional, language and literacy, cognitive, and motor and physical</p> <p>#/% of children enrolled in an early care and education program with a Quality First rating of 3-5 stars</p> <p>% of children with newly identified developmental delays during the kindergarten year</p> <p>#/% of children ages 2-5 at a healthy weight (Body Mass Index-BMI)</p> <p>#/% of children receiving timely well child visits</p> <p>#/% of children age 5 with untreated tooth decay</p>	<p>Supports and Services for Families - Convene partners, provide leadership, provide funding, and advocate for development, enhancement, and sustainability of a variety of high quality, culturally responsive, and affordable services, supports, and community resources for young children and their families. FS&L-2</p> <p>Quality, Access, and Affordability of Regulated Early Care and Education Settings – Convene partners, provide leadership, and provide funding for increased availability of and access to high quality, regulated, culturally responsive and affordable early care and education programs. EL-3</p> <p>Quality, Access, and Affordability of Regulated Early Care and Education Settings – Convene partners, provide leadership, and provide funding for increased availability of and access to high quality, regulated, culturally responsive and affordable early care and education programs. EL-3</p> <p>Access to Quality Health Care Coverage and Services- Collaborate with partners to increase access to high quality health care services (including oral health and mental health) and affordable health care coverage for young children and their families. HLTH-2</p> <p>Supports and Services for Families - Convene partners, provide leadership, provide funding, and advocate for development, enhancement, and sustainability of a variety of high quality, culturally responsive, and affordable services, supports, and community resources for young children and their families. FS&L-2</p>	<p>Parent Outreach and Awareness</p> <p>Family Support – Children With Special Needs</p> <p>Native Language Enrichment*</p> <p>Reach Out and Read</p> <p>Quality First (including CCHC, CC Scholarships, TEACH) *</p> <p>Additional CC Scholarships Additional TEACH</p> <p>Scholarships non-TEACH</p> <p>Oral Health</p> <p>Community Awareness Community Outreach</p> <p>Service Coordination</p> <p>Statewide Evaluation</p> <p>(*) Indicates new strategy for this Regional Partnership Council</p>

Section III C.**Strategy Descriptions including Target Populations and Funding Levels****Strategy: Parent Outreach and Awareness****Strategy Description**

Provides families with education, materials and connections to resources and activities that promote healthy development and school readiness.

Strategy Narrative

The Regional Council has identified a need to raise parental knowledge around whole-child development, specifically related to vision, hearing, nutrition, obesity, oral health and developmental screenings. To address this, the Regional Council intends to release an RFGA for state fiscal year 2013 to identify a vendor to provide parenting classes in parent/family workshop format that will focus on:

- child development overall
- recognizing signs of possible developmental delay that warrant further screening and evaluation,
- describing the well-child visit and its components
- information related to vision and hearing abilities and when to have those checked
- information on healthy eating, physical activity
- oral health and hygiene
- Community resources available in each topic area

Workshops will be open to parents, family friend and neighbor care providers, and program staff so that accurate information can be disseminated at one time, and each group can reinforce the other's understanding. This work falls within the FTF priority role of:

- Access to Quality Health Care Coverage and Services- Collaborate with partners to increase access to high quality health care services (including oral health and mental health) and affordable health care coverage for young children and their families.

Target Population Description

Of concern to the Regional Council is the number of families who are on the waiting lists for Head Start and other programs in the region. Whiteriver Head Start provides this level of parent education through parent meetings and trainings, but this level of parent education is not provided across all early care and education programs.

The regional council recognizes that parents whose children are enrolled in Whiteriver Head Start have access to this level of information, and it intends to reach the target population of parents whose children are not enrolled in Head Start. The total pool is approximately 1000 families. The target number is set at 500 to reach 50% of the pool. The funding allotment is derived from a cost of approximately \$350 per family, and it is expected that all other FTF funded programs will coordinate with any parent/family events implemented under this strategy.

An additional target population will be staff at regional early care and education programs, outside of Quality First, so that they can gain access to the same information and utilize any knowledge gained with the families and children they work with. By reaching these populations at the same time, the Regional Council proposes to impact the identified regional need to provide parents with useful information that they can use to advocate for their child, and to increase overall child wellness. The target service number and related funding is increased for fiscal years 2014 and 2015 to accommodate a potentially larger pool of parents that may result from community awareness of this strategy as it grows. As actual service numbers are achieved, the planned target number and related funding allotment for each year will be modified.

Target Service Units	FY 13	FY 14	FY 15
Number of parents attending	500	550	600
Number of children attending	N/A	N/A	N/A
Number of books distributed	N/A	N/A	N/A
Funding Level	FY 13	FY 14	FY 15
Parent Outreach and Awareness	\$175,000	\$180,000	\$190,000

Strategy: Family Support – Children with Special Needs
Strategy Description

Provides coaching, group activities and services to the parents of children with special needs. Services are designed to help their child reach his/her fullest potential.

Strategy Narrative

This strategy will focus on working with parents, through parent coaching, who have children with a developmental delay who do not qualify for the Arizona Early Intervention Program (AzEIP) or Part B services. Within the White Mountain Apache Tribe Region, there are no programs available for children younger than age 3 who have a developmental delay, but do not meet program eligibility requirements for AzEIP. Head Start services are available for 4 and 5 year olds, for one year only. There is no Early Head Start Program in the Region. The Tribal Child Find Program will serve children who “at risk” for developmental delay, primarily in the speech and language domain, in a play group setting, but there are no services that are focused on giving parents the tools they need to help their children reach their fullest potential.

Target Population Description

The eligibility guidelines for the AzEIP program are very narrow, and based on current screening and referral information in the region, there are between 50 and 55 children per year who are screened for developmental delays who do not meet eligibility guidelines, but whose parents do need additional tools to parent their children. The target population is dispersed across the region, and the entire geographic area will be reached and served. Children who are identified through well-child developmental screens, by Head Start, Child Find, and the Baby FACE programs can be referred into, and served by, this strategy.

The target number for this strategy is 50 children and their families; thereby reaching 90% of the total pool of expected eligible children. Reaching parents who have children with special needs is a priority for this Regional Council, and as programming under this strategy grows, funding will be added to continue to reach this population of parents. This strategy has moved slowly toward implementation due to delays in getting the contract fully signed and authorized, because of this delay the data that we have does not reflect an entire years’ worth of work. If data and need warrants expansion of this strategy, the Regional Council will revisit the target number and funding level.

The number of children found eligible for this strategy may increase in state fiscal year 2013 as a result of the Parent Outreach and Awareness strategy proposed in this funding plan as that strategy will focus on educating parents about the importance of developmental screening, as well as understanding all of the components of a well-child visit. The intent of the Regional Council is that as parents become more well-educated on the importance of well-child visits, and begin to access them on a more frequent basis, that there will be a natural increase in the number of children with a developmental delay who could be served

under this strategy. There is a planned 10% increase in the target service number and related allotment for this strategy to accommodate the potential expansion of this target pool referenced above.

Target Service Units	FY 13	FY 14	FY 15
Number of Families Served	50	55	60
Funding Level	FY 13	FY 14	FY 15
Family Support – Children with Special Needs	\$125,000	\$135,000	\$150,000

Strategy: Native Language Enrichment

Strategy Description

Provides materials, awareness and outreach to promote native language and cultural acquisition for the young children of Tribal families.

Strategy Narrative

NOT YET PROPOSING FOR BOARD APPROVAL – FURTHER DEVELOPMENT AND DISCUSSION WITH REGIONAL COUNCIL NEEDED

Target Population Description

Target Service Units	FY 13	FY 14	FY 15
Number of books distributed	0	0	0
Number of children served	0	0	0
Number of home and/or center-based providers	0	0	0
Number of participating adults	0	0	0
Number of participating professionals	0	0	0
Funding Level	FY 13	FY 14	FY 15
Native Language Enrichment	\$30,000	\$30,000	\$30,000

Strategy: Reach Out and Read

Strategy Description

Trains pediatric practices to engage parents and young children in early literacy activities; provides books to pediatricians or their staff to distribute to families with young children.

Strategy Narrative

The Regional Council has identified the need to increase community literacy abilities as a primary need. Within the Region in 2005, there was an unemployment rate of nearly 51%, and 53.3% of children under the age of 5 were living in poverty (White Mountain Apache Tribe Regional Partnership Council 2010 Needs and Assets Report). From recent anecdotal reports about the incoming class of kindergarten students for school year 2011-2012 in Cibecue, at least 20% of students had no print awareness and did not know what to do with a book.

Reach Out and Read is a proven, national model that is focused on improving early literacy skills. This model is delivered during the well-child visit structure within a pediatric practice and utilizes developmentally appropriate books to assess the developmental status of children. This model relies on the interaction between the pediatrician, the parent and the child and results in a prescription of sorts to the parent to read with their child.

There are two Indian Health Service Clinics in the Region, one in Whiteriver, and one in Cibecue. Reach Out and Read is currently being implemented in each of these clinics through FTF funding, and the Regional Council intends to continue each of these programs. This strategy includes an additional component to expand the reach of this early literacy model into the community, to bring early literacy materials and programming to parents, families, and caregivers outside of the well-child visit.

Target Population Description

In 2009, there were just over 1900 children aged birth to 5 years old. The Reach Out and Read model provides a book to children beginning at their 6-month well-baby visit, and continues until the child reaches their 5-year well-child visit. There is an approximate birth cohort of 375 each year, resulting in approximately 2300 well-child visits each year. Funding allotted to this strategy will reach 100% of children aged 0-5 receiving well-child visits at the Whiteriver and Cibecue Indian Health Services Clinics.

Funding is derived from an approximate cost per book of \$6.75 as well as staff time specifically to support the programs in the Whiteriver and Cibecue Clinics, and to conduct community early literacy events to reach parents and promote literacy-rich environments, and to expand parent's access to early literacy materials and supports.

Target Service Units	FY 13	FY 14	FY 15
Number of books distributed	2,300	2,300	2,300
Number of participating practices	2	2	2
Funding Level	FY 13	FY 14	FY 15
Reach Out and Read	\$100,000	\$100,000	\$100,000

Strategy: Quality First**Strategy Description**

Supports provided to early care and education centers and homes to improve the quality of programs, including: on-site coaching; program assessment; financial resources; teacher education scholarships; and consultants specializing in health and safety practices.

Strategy Narrative

Quality First is Arizona's quality, improvement and rating system that will increase the quality of early care and education programs by providing supports and resources to sustain quality improvements over time.

Parents need access to quality care, but more importantly, they must be able to afford that care. Tying affordability to quality will lead to more positive outcomes for young children.

Including Quality First in this strategic will begin to meet the needs: of making quality child care affordable for families, providing access to early literacy materials and environments for young children and their families, and supporting children to be ready for kindergarten. Quality First has the potential to raise the quality of care across the region by making coaching, mentoring and professional development supports available. Quality First will help ensure that quality child care is an option for parents within the region, whether they chose Tribal Head Start, Tribal Child Care through Chaghache, home –based child care, school district programs, or Alchesay ABC Day Care.

Target Population Description

Within the region, there are three licensed programs potentially eligible: one school district child care program, a tribally operated Head Start program, and one tribally operated CCDF Child Care program (Chaghache), and there are approximately 25 tribally authorized child care homes.

The center-based programs that are eligible to participate in Quality First are located in Whiteriver, so geographic location of the site is fairly small. However, children attend the currently participating Quality First Center from across the region. The specific locations of the tribally authorized child care homes are not known, but they are all located on the Reservation.

The Regional Council has elected to fund two center-based programs with full participation in Quality First which does include child care scholarships, as well as one home-based slot for full participation without scholarships. There has been one opening for a home based child care provider to apply for Quality First participation; however, no home based programs have applied for participation. Additionally, all tribally authorized home-based providers receive CCDF stipends and support to care for children in their homes, so they would not be able to utilize any child care scholarships. They would have access to the TEACH scholarship. The cost of sustaining Quality First over time limits the total number of participants each year; however, it is expected that only one additional center will apply, and if that happens, 2 of the 3 child care programs eligible to enroll in Quality First would be served, reaching 66% of the total pool.

The target service numbers for this strategy are 2 centers and 1 home.

Target Service Units - Quality First	FY 13	FY 14	FY 15
Number of center based providers served	2	2	2
Number of home based providers served	1	1	1
Funding Levels	FY 13	FY 14	FY 15
Quality First	\$49,693	\$49,693	\$49,693
Child Care Health Consultation	\$7,560	\$7,560	\$7,560
Scholarships TEACH	\$16,500	\$16,500	\$16,500
QF Child Care Scholarships	\$128,882	\$128,882	\$128,882

Target Service Units - Child Care Health Consultation	FY 13	FY 14	FY 15
Number of center based providers served	2	2	2
Number of home based providers served	1	1	1
Target Service Units - Scholarships TEACH			
Number of professionals receiving scholarships	12	12	12

Target Service Units - QF Child Care Scholarships			
Number of children receiving scholarships	20	20	20

Strategy: Scholarships TEACH (addition to QF package)**Strategy Narrative**

TEACH Scholarships support early care and education staff in completing their Child Development Associate Credential (CDA) and/or their 2-year Associate's degree in Early Childhood through paying for college level course classes, books, and fees.

The White Mountain Apache Tribe Regional Partnership Council has identified the need to increase the overall professional development achievement of early care and education staff in all programs in the region. Increased professional development is linked to higher quality of care being provided in programs, which will lead to greater outcomes for children. Specifically the Regional Council wants to impact the kindergarten readiness of children across all domains.

Target Population Description

The pool of eligible recipients of this scholarship strategy are staff who work in a Quality First Center, as well as staff working for Head Start, the tribal Child Find program, Chaghache, Whiteriver Unified School District staff and home-based providers who care for children for more than 30 hours per week, making less than \$20.00 hour. The total pool who may be eligible for this strategy is greater than 25, but in the immediate future there is a need to support 7 staff per year through their CDA and 2-year Associate's Degree completion.

Strategy: QF Child Care Scholarships (addition to QF package)**Strategy Narrative**

Child Care Scholarships provide financial assistance to families so that they can access quality child care for their children. In this region, child care scholarships have been in place for the past several years and many families have expressed appreciation for them. Due to the model shifts within Quality First, the total number of additional scholarships that can be awarded has decreased. It is the Regional Council's intent to continue these additional scholarships each year to maintain the financial support for families to be able to afford child care. Maintaining these additional scholarships will also provide an additional funding stream to help maintain quality improvements over time.

Target Population Description

In the White Mountain Apache Tribe Region, there is currently one participating center in Quality First and there are currently 31 children receiving a Quality First Child Care Scholarship in some amount, the majority of whom are receiving a part-time scholarship. It is envisioned that children who are going to enter kindergarten in the fall of 2012 will be transitioned off of the scholarship, and the resulting group will be the pool of eligible children for fiscal year 2013. Of the current pool of 31 children receiving a part-time scholarship, 14 will be served through this strategy, reaching 50% of the current pool.

There is currently a waiting list for child care scholarships, and this target number will result in families either losing a scholarship, or remaining on the waiting list and not being able to access a scholarship. The need within the region is greater than the either the available funding, or the limits of the model, will be able to meet.

Strategy: Scholarships non-TEACH			
Strategy Description Provides scholarships for higher education and credentialing to early care and education teachers.			
Strategy Narrative <p>This strategy will work together with the T.E.A.C.H. Scholarship strategy to support continued professional development in the regions' early care and education profession. The Professional Career Pathways Project (PCPP) had been identified as an additional scholarship model for implementation in this region. PCPP will support staff working, or volunteering, in early care and education programs towards the completion of modules required for The Child Development Associate professional Credential, which is awarded by the National Office in Washington, D.C.</p> <p>In the White Mountain Apache Tribe Region, there are a variety of programs with staff that need to complete additional college level courses, but they do not qualify for the T.E.A.C.H. Scholarship model, for a variety of reasons. This additional scholarship model will allow an additional number of staff, outside of Quality First, to complete college level courses and will help elevate the overall quality of early care and education programming that is being provided in the region. staff that would qualify for this scholarship model include the following:</p> <ul style="list-style-type: none"> • Whiteriver Head Start Staff • Tribal Child Care Staff • Whiteriver Unified School District Staff • Whiteriver Child Find Staff • Cibecue Community Schools Staff • Cibecue Head Start Staff • Baby FACE Staff 			
Target Population Description <p>According to recent Whiteriver Head Start information, approximately 14 staff members need to complete their CDA's within the next two years. Additional staff in other programs across the region that may be able to utilize this scholarship model as well. This strategy was added in the fall of 2011, so actual utilization data is not yet available. Target numbers are set at 7 scholars, and the budget has been set based on 7 CDA assessment units and 65 course credits. Actual utilization data may reflect a higher number of scholars are able to be served under this formula; if data warrants it and funds are available, the Regional Council will adjust these values. If scholars attend at full time status, this strategy will reach 50% of the pool.</p>			
Target Service Units	FY 13	FY 14	FY 15
Number of professionals receiving scholarships	7	7	7
Funding Level	FY 13	FY 14	FY 15
Scholarships non-TEACH	\$10,000	\$10,000	\$10,000

Strategy: Oral Health**Strategy Description**

Provides oral health screenings and fluoride varnish in a variety of community-based settings; provide training to families on the importance of oral health care for their children; and provide outreach to dentists to encourage service to children for a first dental visit by age one.

Strategy Narrative

This strategy will provide oral health screens and triage of emergent needs, fluoride varnish application, oral health education for young children to include the provision of a new toothbrush, tooth-brushing timer, and toothpaste, and oral health education targeted at early care providers and parents. Services are provided in child care centers, classrooms, and other community environments where parents and children are together in a group.

This strategy will address the almost complete lack of preventive dental care that is available in the Region through the Indian Health Service. The existing dental care that is available from the Indian Health Services clinics in Whiteriver and Cibecue is limited to extremely emergent dental issues. Accessing emergent dental care requires that parents arrive at the dental clinic and wait until they can be seen, which can often mean waiting all day with an uncomfortable young child who is often in pain.

The intent of this strategy is to increase good oral health hygiene and practice so that the incidence of oral health disease and dental carries will be reduced over all, recognizing that this work really begins with changing parent behaviors and beliefs toward the importance of good oral health practices. Dental fluoride applications, when provided in three successive applications over the course of 12 months are proven to be an effective way to prevent early childhood carries from forming, or becoming worse. The dental screen does not replace the need to have the child see a dentist, and for this reason there is specific communication and coordination between work that is implemented under this strategy and the Indian Health Service Clinics, so that it is clearly understood which services are being conducted by which programs, so that duplication of services does not occur.

This strategy will broaden the preventive services that are available in the region, and will ideally prevent many children from developing severe cases of dental disease that are painful, and often times more expensive, to treat.

Target Population Description

As stated previously, in 2009 there was approximately 1900 children aged birth to 5 years old living in the region. Children from across the region are eligible for this program, once they have at least one emerged tooth. The target service number is set at 800 fluoride varnishes to be applied over the course of the next year, and to provide oral health education to 45 participating adults, who may be early care and education providers. Data for this strategy is reported in a duplicated manner; therefore, if it is assumed that a child will have varnish applied three times within a calendar year after the age of 12 months, a target number of 800 varnishes and dental screens will reach approximately 266 individual children, or 17% of the total pool.

This represents an increase in the target service number for both elements of the strategy, which is reflected in the funding increase for state fiscal year 2013.

Target Service Units	FY 13	FY 14	FY 15
Number of children receiving oral health screenings	800	800	800

Number of fluoride varnishes applied	800	800	800
Number of participating adults	45	45	45
Number of participating professionals	0	0	0
Number of prenatal women receiving oral health screenings	0	0	0
Funding Level	FY 13	FY 14	FY 15
Oral Health	\$80,000	\$80,000	\$80,000

Strategy: Community Awareness			
<p>Strategy Description</p> <p>Uses a variety of community-based activities and materials to increase public awareness of the critical importance of early childhood development and health so that all Arizonans are actively engaged in supporting young kids in their communities.</p>			
<p>Strategy Narrative</p> <p>The Regional Council will utilize these funds to purchase educational reinforcement items, children's books from Scholastic Books, and participate in and sponsor various community events. Materials purchased from this line item from the set of FTF-communications approved educational reinforcement items will be used with audiences who are either not familiar with the work of FTF, or are not familiar with the importance of early childhood. These items will also be used with regional Champions for Young Children as they work to raise the importance of early childhood within the community.</p> <p>Scholastic Children's Books will be utilized during community events that this Regional Council is participating in, as well as with FTF-funded programs who are reaching parents or early care and education programs.</p> <p>The Regional Council will participate in, and may sponsor, a variety of community events that are intended to reach parents and would be appropriate venues to have an early childhood informational table. The Regional Council will coordinate with all FTF funded programs in the region to maximize the effective distribution of all materials purchased under this line item.</p>			
<p>Target Population Description</p> <p>This strategy is intended to promote the recognition of FTF as a leader in the early childhood field, and to increase the community's understanding of the work of FTF and the importance of early childhood development and health.</p> <p>These funds will be used across the region, in variety of settings, and will reach as broad an audience as possible.</p>			
Target Service Units	FY 13	FY 14	FY 15
There are no service units	N/A	N/A	N/A
Funding Level	FY 13	FY 14	FY 15
Community Awareness	\$30,000	\$30,000	\$30,000

Strategy: Community Outreach			
Strategy Description Provides grassroots support and engagement to increase parent and community awareness of the importance of early childhood development and health.			
Strategy Narrative NOT YET PROPOSING FOR BOARD APPROVAL – FURTHER DEVELOPMENT NEEDED			
Target Population Description			
Target Service Units	FY 13	FY 14	FY 15
There are no service units	N/A	N/A	N/A
Funding Level	FY 13	FY 14	FY 15
Community Outreach	\$21,500	\$21,500	\$21,500

Strategy: Service Coordination			
Strategy Description Through coordination and collaboration efforts, improves and streamlines processes including applications, service qualifications, service delivery and follow-up for families with young children. Reduces confusion and duplication for service providers and families.			
Strategy Narrative NOT YET PROPOSING FOR BOARD APPROVAL – FURTHER DEVELOPMENT NEEDED			
Target Population Description			
Target Service Units	FY 13	FY 14	FY 15
There are no service units	N/A	N/A	N/A
Funding Level	FY 13	FY 14	FY 15
Service Coordination	\$30,000	\$30,000	\$30,000

Strategy: Statewide Evaluation			
Strategy Description Statewide Evaluation includes the studies and evaluation work which inform the FTF Board and the 31 Regional Partnership Councils. Examples include: the baseline Needs and Assets reports, specific focused studies, and statewide research and evaluation on the developing early childhood system.			


Strategy Narrative

First Things First has, and is growing, a multi-level system of research and evaluation strategies designed to be responsive to the informational needs of varied stakeholder groups, including the First Things First Board, Regional Partnership Councils, and Arizona citizens. The research and evaluation system is designed to provide both depth and breadth of high quality information, from collecting programmatic data to evaluating the overall impact of the First Things First Early Childhood System model. The system provides a framework for conducting statewide and regional studies centered on identifying current and changing needs of families and children birth to five, and the impact of programs and strategies across all First Things First priority areas. The First Things First research and evaluation system is a knowledge building system, designed to advance the understanding of needs, activities, and effectiveness. Individually and collectively, research and evaluation strategies generate data and findings which can be used to identify trends and changes in school readiness indicators and therefore to support strategic planning and decision-making which promotes the health and well-being of young children.

Target Service Units	SFY 13	SFY 14	SFY 15
No target service units identified for this strategy			
Funding Level	SFY 13	SFY 14	SFY 15
Statewide Evaluation	\$19,595	\$19,595	\$19,595

Section III D. Proposed Funding Summary

SFY 2013 - 2015 Regional Partnership Council Budget

<div>  FIRST THINGS FIRST <i>Ready for School. Set for Life.</i> </div> <div> FY 2013-2015 White Mountain Apache Tribe Funding Plan Summary </div>			
Allocations and Funding Sources	2013	2014	2015
FY Allocation	\$698,834	\$700,231	\$702,857
Population Based Allocation	\$392,254		
Discretionary Allocation	\$217,933		
Other (FTF Fund balance addition)	\$88,647	\$700,231	\$702,857
Carry Forward From Previous Year	\$552,126	\$427,230	\$288,731
Total Regional Council Funds Available	\$1,250,960	\$1,127,461	\$991,588
Strategies	Proposed Allotment	Proposed Allotment	Proposed Allotment
Parent Outreach and Awareness	\$175,000	\$180,000	\$190,000
Family Support – Children with Special Needs	\$125,000	\$135,000	\$150,000
Native Language Enrichment	\$30,000	\$30,000	\$30,000
Reach Out and Read	\$100,000	\$100,000	\$100,000
Quality First	\$49,693	\$49,693	\$49,693
Child Care Health Consultation	\$7,560	\$7,560	\$7,560
Scholarships TEACH	\$16,500	\$16,500	\$16,500
Quality First Child Care Scholarships	\$128,882	\$128,882	\$128,882
Scholarships non-TEACH	\$10,000	\$10,000	\$10,000
Oral Health	\$80,000	\$80,000	\$80,000
Community Awareness	\$30,000	\$30,000	\$30,000
Community Outreach	\$21,500	\$21,500	\$21,500
Service Coordination	\$30,000	\$30,000	\$30,000
Statewide Evaluation	\$19,595	\$19,595	\$19,595
Proposed Allotment Total:	\$823,730	\$838,730	\$863,730
Total Unallotted	\$427,230	\$288,731	\$127,858